

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007272

STATE FILE NUMBER & 1469

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brentwood 4311		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 08 DEACONESS Hosp.		Length of stay in lb 27	d. STREET (If outside, give location) ADDRESS 8734 Keystone Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN L GRANT			4. DATE OF DEATH Month Day Year FEB. 6 - 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13, 1903		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Apcco Products Inc.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chicago Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ANGUS GRANT		13b. MOTHER'S MAIDEN NAME AGNES O'BRIEN		14. NAME OF HUSBAND OR WIFE Christine Grant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 19-05-8653	17. INFORMANT Christine Grant 8734 Keystone Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pericarditis, Hemorrhagic effusion DUE TO (b) Lobar Pneumonia DUE TO (c) Multiple pulmonary infarcts PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple venous thromboses					INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 wks 3 wks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 490x			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1-14-58 to 2-6-58 and last saw her alive on 2-6-58 Death occurred at 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE Louis F. Howe M.D.		
22a. SIGNATURE (Degree or title)		22b. ADDRESS Brentwood 17 no		22c. DATE SIGNED 2-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 2/8/58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.
24. FUNERAL DIRECTOR C.R. LUPTON & SONS 7233 DELMAR Blvd.		25. DATE RECD. BY LOCAL REG. FEB 8 '58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

- DR. LAUIS HOWE -
- 8806 HARRISON -
- W. 2-3521 -
1:00 P.M. To 4:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clarence H. Moore*

Licensed Embalmer No. *4011*
P. O. Address *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.